

1/8/90 10:00 & L RTG
1/9/90
1/11/90 10:30 & L RTG

04-348532

PERMIT

P. 45342

SEWAGE DISPOSAL SYSTEM

A 39219

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 12/13/89

DATE SYSTEM APPROVED 1/11/90

INSPECTOR M. R. R. R. R.

INDEXED

Frall Septic Service, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771 PHONE 795-5674

SUBDIVISION Foxport Plantation ROAD 15531 ~~15537~~ Bushy Tail Run LOT 6

PROPERTY OWNER Crosen Development ~~(P.O. Box 659, Mt. Airy, Md. 21771)~~

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 210 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 60 feet from the back line (which is 435 ft long) and 250 feet from the left side of the lot as seen when facing the lot from Bushy Tail Run. Run the trenches on contour toward both back lines (435' & 318')

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

PLANS APPROVED BY Raymond HODGES DATE 1/19/89

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

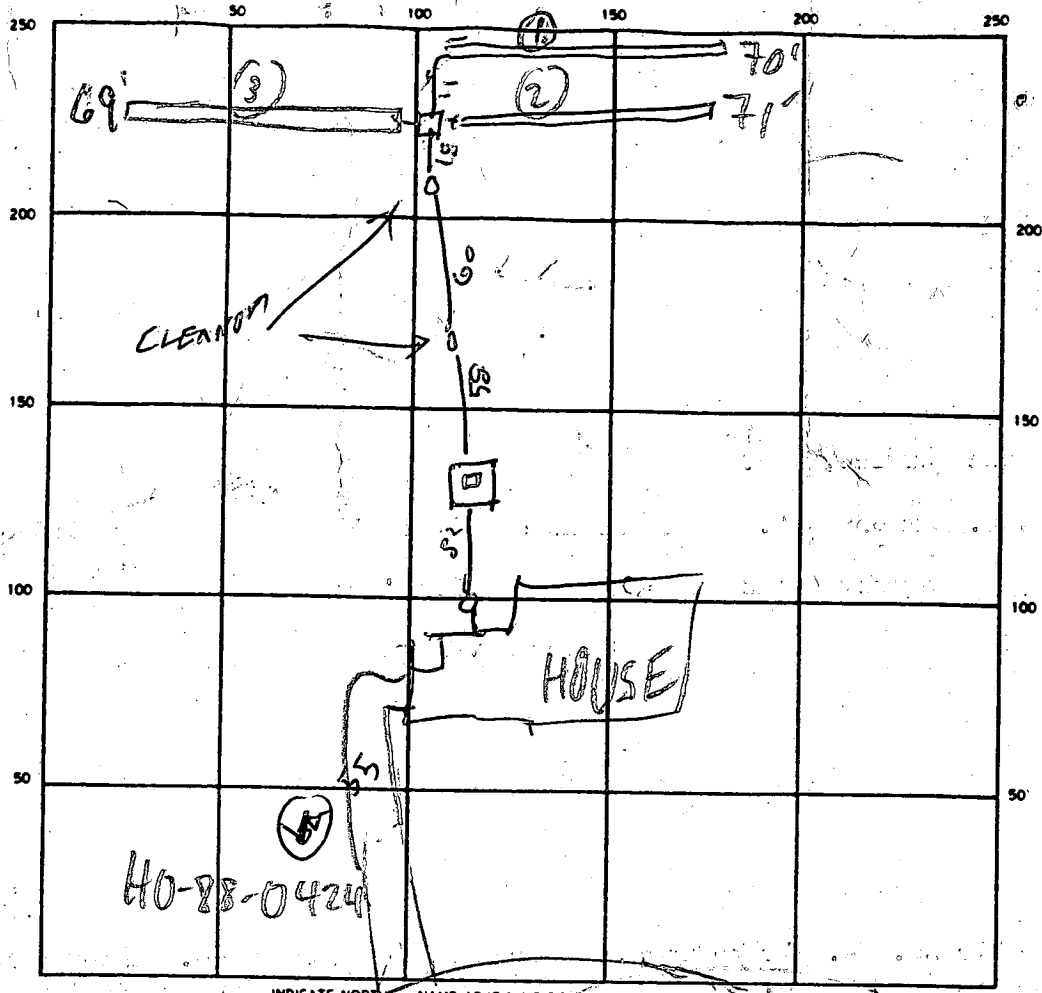
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.**

A 39219



SEPTIC TANK LEVEL 1250 GAL - OK CLEANOUTS NEEDS MANHOLE MANHOLE OK

DISTRIBUTION BOX LEVEL OK - RAFFLE IN

DRAIN FIELD/TILE FIELD. DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 70 | 71 | 69 210 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS 1/2/90 - ADD STONES TO TRENCHES DIG 3RD TRENCH R14

1/11/90 #1 OK TO COVER (1) + (2) + STONE (3) MR

1/11/90 #2 OK TO COVER ALL MR

DATE SYSTEM APPROVED 1/11/90 INSPECTOR M. Ritter

APPLICATION

PERCOLATION TESTING

A 39219

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 4TH

DATE 4-24-87

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER FOXPORT PLANTATION Crosen Develop.
~~DONALD RIPPEON~~

ADDRESS 15474 BUSHY PARK RD. PHONE _____

PROSPECTIVE BUYER UNITED GENERAL CONTRACTORS

ADDRESS 8370 COURT AVE, ELLICOTT CITY PHONE 461-2227

PROPERTY LOCATION:

SUBDIVISION RIPPEON PROPERTY Foxport Plantation LOT NO. 6

ROAD AND DESCRIPTION CORNER OF CARR'S MILL & BUSHY PARK ROAD, WOODINE,

HOWARD COUNTY 15537 Bushy Park Rd

TAX MAP 14 & 8 PARCEL # 9 & 12

SIZE OF LOT @ 3 acre lot TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE

FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Donald E. Kim see over
(SIGNATURE OF APPLICANT)

APPROVED BY BGH FOR Trencher DATE 1/17/89

REJECTED BY _____ FOR _____ DATE _____

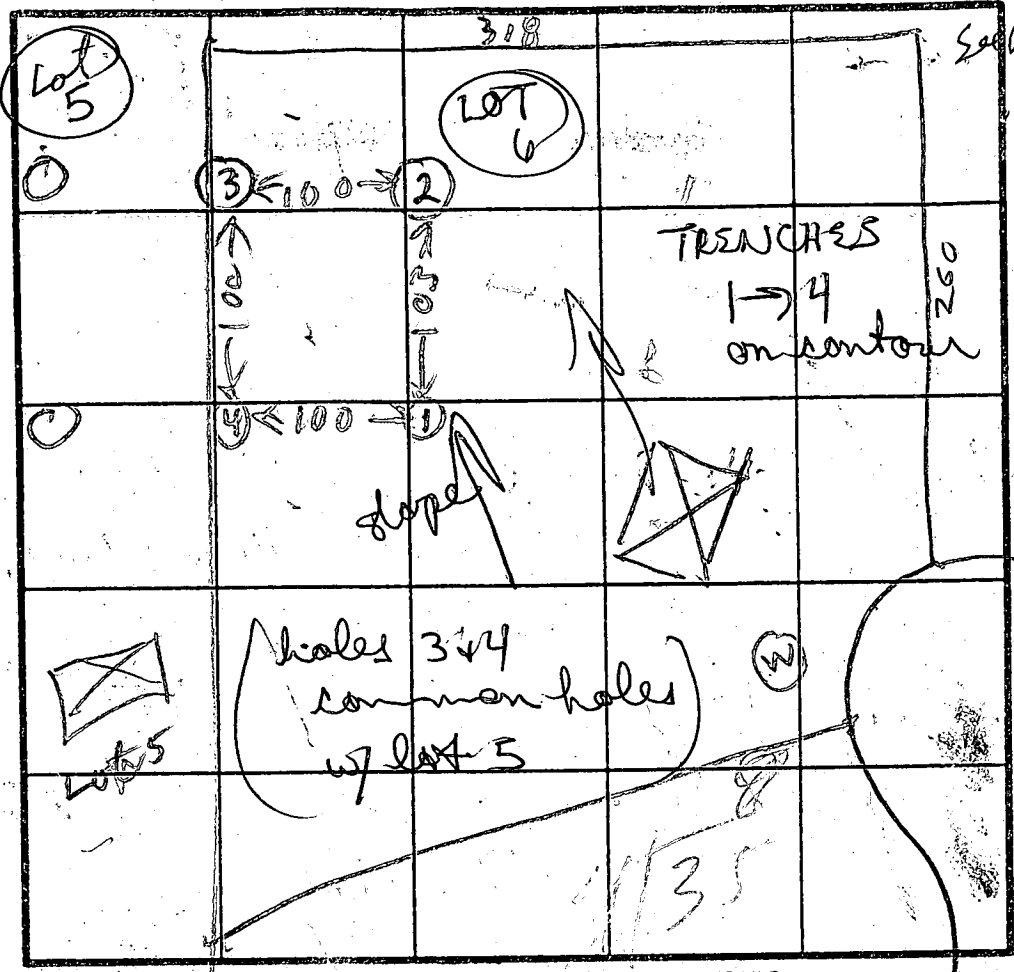
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/23/87 Perc OK Hold for Plat R/H

BLDG. PERMIT SIGNED
AND RETURNED 6-20-89
B127025
OK

THIS IS NOT A PERMIT

Lot 6



SOIL PROFILE
 1
 BROWN CLAY
 2
 BROWN SAND LOAM
 10% SPROUTS

2
 BROWN CLAY
 BROWN SAND LOAM

3
 BROWN CLAY
 BROWN SAND LOAM
 PINK SAND LOAM

4
 BROWN CLAY
 BROWN SAND LOAM
 10% SPROUTS

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
6/23/07	1 S	4	1146	1147	1147	1150	3
	2 N	7.5	1147	1150	1150	1200	10
	3 V	11.5	OK				
	2 S	4	1154	1155	1155	1158	3
	2 V	11.5	OK				
	3 S	3.5	1205	1227	1227	106	39
	3 V	12.5	OK				39 SLOW
	4 S	4.5	1220	1238	1238	119	42
	4 V	12.5	OK				42 SLOW
	3 M	5	239	244	244	247	6
	4 M	15.5	243	249	249	301	12

Hole Elevation
 HIGH = (14)
 LOW = (23)
 max dip of
 4 FT
 in time
 9 min

ON LINE
 HOLE LOT 5 & 6

ON LINE HOLE
 LOT 5 & 6

22
 10
 19
 22
 17
 26

REMARKS: Holes (1)(2)(3)(4) Dug Per Test Plat

TYPE OF SOIL _____
 TESTED BY: Raimundo Horta
 Contractor: DAVE
 ALSO PRESENT: PORR
CHRIS

B 1 **7968** SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

HO-88-0424

fill in this form completely

211089 OWNER INFORMATION
FREBRYANT GROUP
15 Last Name Owner First Name 34
2815 WALKER ROAD
36 Street or RFD 55
FALLS CHURCH VA 22043
57 Town 70 State 72 Zip 76

DRILLER INFORMATION
Joseph L. Mayne 235
Driller's Name 77 License No. 80
Joseph L. Mayne WITH DRILLING
Firm Name
512 PINE RD. Mt. Airy 21771
Address
Joseph L. Mayne 1/9/59
Signature Date

WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) **5**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **220** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

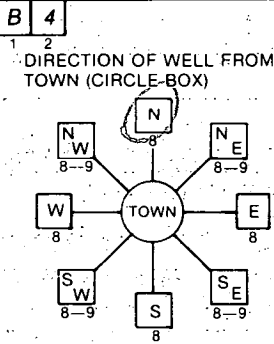
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER _____ GAP _____
FORCE N WRITE INITIALS IN BOX PERMIT No. **HO-88-0424**

SPECIAL CONDITIONS

LOCATION OF WELL
HOWARD COUNTY
EXPERT PRIVATE W SUBDIVISION
SECTION **6** LOT **6**
GLENWOOD NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **2 1/2** MI

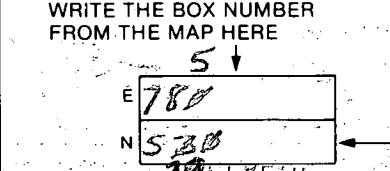


Bushy Trail Run NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST
EAST
SOUTH
DISTANCE FROM ROAD **80** FT or MI **FT**

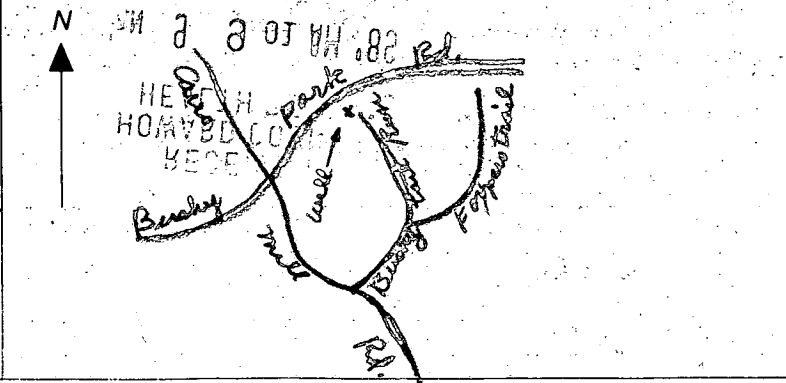
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME **A 39219** COUNTY NO.
STATE SIGNATURE _____ INSERT S _____
DATE ISSUED **070787** **June E. Hadican** CO SIGNATURE **08-28-87** EXP. DATE
NORTH GRID **599000** EAST GRID **0785000**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. **WALK**
2.
3.

3/2/89
WELL OK SECS
OTHER SIDE
B/H



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



3/21/89 12:17 PM

- ① Well already covered
- ② Got information from Judge
- ③ Location? in middle of woods
- ④ 45 F⁷ open hole
- ⑤ 14 Bags
- ⑥ 60 F⁷ casing
- ⑦ well OK

RECEIVED
 HOWARD COON
 APR 11 1989
 DIVISION OF
 OIL AND GAS
 STATE OF TEXAS

J B Hodges

11/14/89

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # 45219
Date 11/13/89

Name of Installer Morris P.H. Inc

Telephone 747-5615

License Number M-3095

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Cross Development Corp.
Subdivision 704 Port Plantation Lot # 6
Site Address 15531 Busby trail R100

Telephone 854-6655
Well Tag # HD-88-0424

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible X
- Make Hawley
- Model # SE507411
- Capacity 5 GPM
- Pump exceeds well capacity Yes _____ No X
- If Yes, is low pressure cutoff switch installed? Yes X No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards X Other _____

Motor

- Horsepower 3/4
- RPM _____
- Voltage 230
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # Brass
- Depth 4'

Tank

- Capacity WX-250
- Pressure relief valve? YES

Piping

- Type Plastic
- Size 1"
- NSF and/or BOCA Code approved YES
- Depth of supply line 48"

Well data

- Depth 145 ft.
- Yield 15 GPM
- Static water level 49 ft.
- Will water supply be disinfected by installer? OWNER

11-14-89
Pitless adaptor attached to well casing.
No line or house. Not connected.

PA at
41 inches
below
grade.
JEN

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

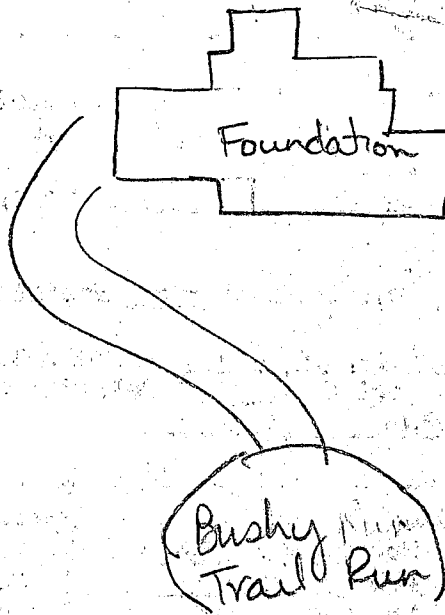
All information given above is true to the best of my knowledge.

Signature of Applicant: Joseph O Morris

Date: 11/13/89

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HO-88-0424
①



11-1489

P.A. at 41 inches. No well line. LEN